

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031593

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

374

STATE FILE NUMBER

FILED AUG 27 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Cape Girardeau

Length of stay in lb

38 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Cape Osteopathic Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY
OR
TOWN

Cape Girardeau

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
506 North Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

FLO TRUIT

4. DATE
OF
DEATH

Month

Day

Year

August 11, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/10/1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

0 1

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Greenbrier, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Sandford Cato

13b. MOTHER'S MAIDEN NAME

Mary Stepp

14. NAME OF HUSBAND OR WIFE

W. E. Truit

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Burette Cargle

Address

Whitewater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure.

INTERVAL BETWEEN ONSET AND DEATH

2 hours

DUE TO (b)

Generalized toxemia.

20 days

DUE TO (c)

Compound fractures of left elbow and left wrist and traumatic lesion.

24 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchial asthma, hypertension.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell down several steps on to the ground.

20c. TIME OF INJURY

5:30

Hour Month, Day, Year

a.m. 6:29-63
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Cape Girardeau, Missouri

COUNTY

STATE

21. I attended the deceased from

October 14, 1954 to August 11, 1963

and last saw her alive on August 11, 1963.

Death occurred at 12:05 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M. Marguerite Fuller D.O.

(Degree or title)

22b. ADDRESS

Cape Girardeau, Mo.

22c. DATE SIGNED

8-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 14, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

(State)

24. FUNERAL DIRECTOR

Walther's Funeral Home

ADDRESS

Cape Gir., Mo.

25. DATE RECD. BY LOCAL REG.

8-17-63

26. REGISTRAR'S SIGNATURE

Jimm Kasten

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Leupold

Licensed Embalmer No. 5985

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.